

State of Maryland
Department of Health and Mental Hygiene
AFFIDAVIT OF CITIZENSHIP
This Document Is Not Valid Unless Fully Completed.

Applicant/Recipient Name: _____ Date of Birth: _____

Address: _____

Head of Household (if the individual is younger than 21 years old): _____

1. My name is _____, and I live at _____

☐ I am a U.S. citizen.

☐ I am 18 years old or older.

2. Are you a relative of the individual named above?

☐ Yes. Relationship? _____

☐ No.

3. How long have you known this individual? _____

How do you know this individual? _____

4. How do you know the facts you present in this Affidavit?

5. I have personal knowledge of how the applicant/recipient became a U.S. citizen. The facts known to me are that he/she was:

☐ Born in the U.S. or a U.S. territory. Date and place: _____

☐ Naturalized as a U.S. citizen. Date and place: _____

☐ Born overseas to a U.S. citizen parent. Date, place, and parent(s) name(s): _____

☐ Other: _____

6. The individual is unable to produce documents to prove citizenship because:

I affirm and declare under penalty of perjury that the facts I state in this Affidavit are true, correct, and complete to the best of my ability, belief, and knowledge.

Signature

Printed Name

Date Signed